

## **General Dental Practice Inspection (Announced)**

Betsi Cadwaladr University  
Health Board

**Connah's Quay Dental  
Practice Ltd**

03 June 2015

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## Contents

1.	Introduction .....	2
2.	Methodology.....	2
3.	Context.....	4
4.	Summary.....	5
5.	Findings .....	7
	Patient Experience .....	7
	Delivery of Health and Care Standards .....	8
	Management and Leadership.....	11
	Quality of Environment .....	14
6.	Next Steps .....	16
	Appendix A.....	17

## 1. Introduction

Healthcare Inspectorate Wales (HIW) completed an announced inspection to Connah's Quay Dental Practice Ltd at 107a High Street, Connah's Quay, Flintshire, CH5 4DF within the area served by Betsi Cadwaladr University Health Board on 3<sup>rd</sup> June 2015.

During the inspection we considered and reviewed the following areas:

- Patient experience
- Delivery of Health and Care Standards
- Management and leadership
- Quality of environment.

## 2. Methodology

HIW inspections of General Dental Practices seek to establish how well practices meet the Health and Care Standards<sup>1</sup>. Any dentist working at the practice who is registered with HIW to provide private dentistry will also be subject to the provisions of the Private Dentistry (Wales) Regulations 2008<sup>2</sup> and the Private Dentistry (Wales) (Amendment) Regulations 2011<sup>3</sup>. Where appropriate we consider how the practice meets these regulations, as well as the Ionising Radiation Regulations 1999, the Ionising Radiation (Medical Exposure) Regulations 2000 and any other relevant professional standards and guidance such as the GDC Standards for the Dental Team.

During the inspection we reviewed documentation and information from a number of sources including:

- Information held by HIW
- Interviews of staff including dentists and administrative staff

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<sup>1</sup> <http://www.wales.nhs.uk/governance-emanual/how-the-health-and-care-standards-are-st>

<sup>2</sup> <http://www.legislation.gov.uk/wsi/2008/1976/contents/made>

<sup>3</sup> <http://www.legislation.gov.uk/wsi/2011/2686/contents/made>

- Conversations with nursing staff
- Examination of a sample of patient dental records
- Examination of practice policies and procedures
- Examination of equipment and premises
- Information within the practice information leaflet and website (where applicable)
- HIW patient questionnaires.

At the end of each inspection, we provide an overview of our main findings to representatives of the dental practice to ensure that they receive appropriate feedback.

Any urgent concerns that may arise from dental inspections are notified to the dental practice and to the health board via an immediate action letter. Any such findings will be detailed, along with any other recommendations made, within Appendix A of the inspection report.

Dental inspections capture a snapshot of the application of standards at the practice visited on the day of the inspection.

### 3. Context

Connah's Quay Dental Practice Ltd provides services to between 2,000 and 3,000 patients in the Connah's Quay and surrounding area of Flintshire County and the Cheshire border. The practice forms part of dental services provided within the geographical area known as Betsi Cadwaladr University Health Board.

Connah's Quay Dental Practice is a mixed practice providing both private and NHS dental services.

The practice employs a staff team which includes three dentists, one vocational trainee dentist, two dental hygienists (one of whom is also a dental therapist), four dental nurses, three reception staff and a practice manager.

A range of services are provided. These include:

- NHS dental services for children up to 18 years old and for adults aged 65 years and over
- Private dental treatment for all age groups
- Cosmetic dentistry
- Orthodontics
- Oral Surgery
- Dental hygiene/therapist services

## 4. Summary

HIW explored how Connah's Quay Dental Practice Ltd meets the standards of care set out in the Health and Care Standards (April 2015).

Twenty patients responded to HIW's questionnaire and said they were satisfied with the services received, were made to feel welcome by the practice team and received enough information about their treatment. Sixteen of the patients added further complimentary comments about the staff and services received; therefore, overall, indicating high satisfaction. The availability of written information for patients about all aspects of the service was good.

Overall, we found that the clinical practice and delivery of treatment were in keeping with regulations and standards and that there were satisfactory systems and procedures in place to support this. However, we issued an immediate assurance letter and improvement plan with regard to the decontamination facilities and processes in one of the small surgery rooms. HIW has subsequently been provided with sufficient assurance that an alternative, safer, decontamination process has been implemented. HIW is also following up the practice's longer term plans for improving the overall decontamination facilities.

A new computer system had been implemented in the last 12-18 months. We found that the practice team had adjusted well to maintaining electronic records and the patient records were being satisfactorily completed. We suggested that communication could be improved in some areas to ensure that all staff members were made aware of the monitoring systems and procedures now in place.

We saw that the practice was being effectively managed and this was underpinned by the satisfactory systems and procedures in place. The practice policies were individualised to the practice but also referred to relevant legislation and guidelines. We have included suggestions on how the policies could be streamlined in a few instances.

Most of the staff members were long-serving employees and, from the patient feed back received and our general observations during the inspection, there was evidence that they were committed to providing a high standard of service. We advised the practice to improve the standard of the minutes following team meetings, which should always include the date held and, where appropriate, demonstrate learning from discussions.

We found that the environment was fit for purpose, clean and generally well maintained. Reasonable adjustments had been made to aid accessibility to people with disabilities. However the patient toilet was located on the first floor and therefore inaccessible to those unable to manage the stairs. This was noted in the written information available to patients.



## 5. Findings

### *Patient Experience*

**Twenty patients responded to HIW's questionnaire and said they were satisfied with the services received, were made to feel welcome by the practice team and received enough information about their treatment. Sixteen patients added further complimentary comments about the staff and services received; therefore, overall, indicating high satisfaction. The availability of written information to patients about all aspects of the service was good.**

Information was readily available to patients within the practice premises and on their website, which was well designed and formatted and in line with the General Dental Council (GDC)'s ethical advertising principles. The information we saw included the NHS and private charges for services, complaints procedure and oral health information leaflets.

One out of 20 patients said they had experienced a delay in being seen on the day of their appointment, adding that delays only occur sometimes and the reason is always explained. With the exception of two people, all of the patients knew how to contact the out of hours' service and most of the patients knew how to make a complaint. Out of the five patients who indicated they did not know how to complain, two commented they never had reason to complain.

Patients had an opportunity to provide feedback about the services. We looked through surveys that the practice had issued in the last 18 months. A report of the findings had been completed which included the actions subsequently taken. This demonstrated that patients' views were taken seriously by the practice.

Most of the patients who responded to HIW's questionnaire had been registered with the practice for many years, including ten who had been registered there for between 25 and 40 years. Sixteen patients made very positive comments about the service which unfortunately would be too long to include in this report. However all of these anonymised comments were shared with the practice team and a small sample has been included below:

*"I am a very nervous patient, but staff brilliant. Very happy that I changed dentists!"*

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## *Delivery of Health and Care Standards*

**Overall, we found that the clinical practice and delivery of treatment were in keeping with regulations and standards and that there were satisfactory systems and procedures in place to support this. However, we issued an immediate assurance letter and improvement plan with regard to the decontamination facilities and processes in one of the small surgery rooms. HIW has subsequently been provided with sufficient assurance that an alternative, safer, decontamination process has been implemented. HIW is also following up the practice's longer term plans for improving the overall decontamination facilities.**

**A new computer system had been implemented in the last 12-18 months. We found that the practice team had adjusted well to maintaining electronic records and the patient records were being satisfactorily completed. We suggested that communication could be improved in some areas to ensure that all staff members were made aware of the monitoring systems and procedures now in place.**

We considered the radiographic (x-ray) equipment and documentation and found that they were satisfactory. There was documentary evidence and systems, including x-ray audits, in place to monitor and maintain the equipment used. We saw that the dentists were up to date with training as required under The Ionising Radiation (Medical Exposure) Regulations 2000.

Staff had access to the resuscitation equipment and medication in the event of an emergency. We saw that these were within their expiry dates and were being regularly monitored to check when they needed safely disposing of and/or replacing.

Contracts were in place for the handling and disposing of hazardous and non-hazardous waste. Clinical waste was being disposed of in the correct coloured bags/bins which were securely stored. The safe sharps system was being used to remove needles, thereby minimising the risk of sharps injury to staff.

In 2009 plans were obtained for the creation of a dedicated decontamination room (for cleaning and sterilising dental instruments) within the practice, in line with the recommendations set out in the Welsh Health Technical Memorandum (WHTM) 01-05 decontamination guidelines. However, these plans had not been implemented and we saw that the decontamination process was taking place in individual surgery rooms and during clinical sessions. One of the surgery rooms was particularly small and the risk of cross contamination was therefore increased due to the lack of space to safely separate dirty and clean

instruments and the close proximity to the treatment area. HIW therefore issued an immediate assurance letter and improvement plan. Subsequently, an alternative, safer, process has been implemented, as a result of which HIW has been provided with sufficient assurance that the immediate risk has been reduced.

In another surgery room the cleaning of instruments was undertaken in close proximity to the treatment area, again increasing the risk to staff and patients if the treatment surfaces became contaminated. The practice agreed to take immediate action to move the ultrasonic bath (for cleaning instruments) and autoclave (sterilising unit) away from the treatment area. None of the surgery rooms had a sink for hand washing purposes only and a separate sink for cleaning and rinsing instruments, as per the WHTM 01-05 guidelines above.

As part of their response to the immediate assurance letter, the practice informed HIW that they are exploring the feasibility of constructing a separate decontamination room.

### ***Improvement needed***

***HIW is to be kept informed of the plans and timescale to create a new decontamination room, or if this proves unfeasible, the actions taken towards meeting WHTM 01-05 guidelines, to improve the decontamination process in each surgery room.***

We saw that, overall, each surgery room was in good condition and adequately stocked. As part of future developments we would advise the practice to consider fitting sealed floor surfaces, to prevent dust or dirt getting ingrained between floor and wall areas. However, the areas we saw during the inspection were clean.

We looked through a sample of 15 patient records, sampling four records completed by three of the dentists, which were satisfactory, and three records completed by the vocational trainee dentist which were excellent. All of the records were complete and included, for example, the diagnosis and treatment discussions and decisions made.

During our discussions with staff we identified that there were communication gaps between them with regard to the information being maintained on computer. For example, one of the dentists was not aware of the audit and monitoring systems in place and another dentist was not aware that patient treatment plans were now being scanned onto the computer. Therefore the practice should consider how communication could be improved to ensure that

all staff are made aware of the new electronic systems and procedures which are in place.

## *Management and Leadership*

**We saw that the practice was being effectively managed and this was underpinned by the satisfactory systems and procedures in place. The practice policies were individualised to the practice but also referred to relevant legislation and guidelines. We have included suggestions on how the policies could be streamlined in a few instances.**

**Most of the staff members were long-serving employees and, from the patient feed back received and our general observations during the inspection, there was evidence that they were committed to providing a high standard of service. We also advised the practice to improve the standard of the minutes following team meetings, which should always include the date held and, where appropriate, demonstrate learning from discussions.**

Connah's Quay Dental Practice was established in the late 1970's and was taken over by one of the dentists, Mr Walton, in 1993. We spoke at length with Mr Walton and his wife, who is the practice manager overseeing some of the business and administration tasks. We also spoke with other staff members, including associate dentists, vocational trainee dentist, dental nurses and reception staff. With the exception of the vocational trainee dentist and a new trainee dental nurse who commenced in March 2015, most of the staff were long serving employees, which was beneficial for continuity of dental care.

We saw that there were effective processes in place to monitor staff progress through continuous professional development and appraisals. We looked through samples of training certificates and a staff appraisal template, which included an annual personal development plan. One of the associate dentists had signed the practice up to the Wales Deanery 'Maturity Matrix Dentistry' (MMD), which is a practice development tool for dental teams. The practice had also achieved the NHS Wales bronze 'Improving Quality Together' (IQT) award.

Policies and procedures had been tailored to the practice but also, where relevant, referred to the appropriate legislation and guidelines. A few of the policies were brief and, although supported by other formal guidelines, we suggested that they could be added to, to prevent staff having to search for information. Some areas were duplicated or did not follow in a logical order; a few of the policies included their version date and had been signed as understood by staff. Because of inconsistencies in a few of these policies, we suggested that they could be reviewed and streamlined.

We looked at the most recent team meeting minutes which were handwritten. The minutes were not always dated and it was sometimes difficult to see where one meeting had ended and the other started. The brief notes were insufficient to demonstrate learning from discussions and therefore we advised the practice to improve their overall minute taking of meetings.

When considering the complaints procedures and complaints file, we saw that there were robust systems in place to respond to these. However, one procedure stated that complaints would be acknowledged within five days whilst the complaints leaflet stated two days, which is in line with the NHS 'Putting Things Right' arrangements for complaints about NHS services. In one of the procedures, HIW's contact details were out of date, but were correct on another document.

***Improvement needed***

***Complaints procedures should be reviewed for consistency and accuracy purposes. In this respect the NHS 'Putting Things Right' arrangements (for NHS patients) and The Private Dentistry (Wales) Regulations 2008 (for private patients) should be considered. HIW's contact details should be updated.***

Only a few complaints had been received by the practice and there was evidence that these were taken seriously. We saw that complaints had been acknowledged on the same day or the following day, also they had been promptly looked into and resolved, with the patients being notified in writing of the findings and resulting actions.

We saw documentary evidence to show that the dentists had a DBS disclosure dated within the last three years, in line with the regulations for private dentistry. It is not mandatory for other practice staff to have DBS checks; however, there is a requirement that the employing dentist undertakes checks to ensure the suitability of staff for employment. We discussed this with the practice and found that recruitment checks had been obtained for the last two staff members employed. However, most of the team were long-standing staff members and no DBS checks were held for them. Also, no staff file was held for the practice manager.

***Improvement needed***

***We recommended that the practice obtains the necessary recruitment and periodic employment checks for all staff working at the practice, including the practice manager.***

We spoke with the most recently employed staff member who confirmed that she had been made to feel welcome by the staff team and was being well supported by them. We saw that an induction programme had been followed and completed in accordance with the staff member's progress.

## *Quality of Environment*

**We found that the environment was fit for purpose, clean and generally well maintained. Reasonable adjustments had been made to aid accessibility to people with disabilities. However the patient toilet was located on the first floor and therefore inaccessible to those unable to manage the stairs. This was noted in the written information available to patients.**

Connah's Quay Dental Practice Ltd occupies an end of terrace commercial property on the outskirts of the town centre. There is no designated car parking facility. However a free public car park is located adjacent to the building.

There was one step to access the premises and a ramp is available to enable wheelchair access. We saw a bell outside the surgery with a notice to ring for assistance if needed. One of the surgery rooms is on the ground floor and is used for patients who are unable to manage the stairs. This practice was in operation on the day of the inspection when the hygienist, who normally works in one of the first floor surgery rooms, moved to the ground floor surgery room to see patients that afternoon.

We were informed that a disability adviser had visited the practice in the past and, as a result, an additional handrail had been fitted on the stairs and new chairs had been obtained to assist patients with transfers and mobility. There was a large 'Mind the Step' notice and warning signs to this effect in the first floor waiting area. The practice manager identified that the edging on the step needed to be re-fixed and agreed that this would be undertaken without delay.

Three of the surgery rooms and the patient toilet were situated on the first floor, therefore inaccessible to those people unable to manage the stairs. However we saw that the lack of a disabled toilet facility was mentioned in the patient information leaflet and on the practice website. Staff had access to a separate toilet, a combined office/kitchen area/practice manager's room and a staff/storage room. We saw that records were securely stored, either in locked cabinets or a locked storage room.

NHS services are provided to children and we saw that the first floor waiting area contained a low storage unit, storing children's toys, games and books. We looked at the practice cleaning schedule and saw that additional cleaning was undertaken in this area to prevent cross contamination. There was also a flat screen television in both waiting rooms.

On the day of the inspection, the premises looked clean and bright and we were informed that the practice employs a cleaner to maintain a good standard of



hygiene and cleanliness. We were informed that the 'no smoking' signs had been removed prior to recent redecoration work and new signs therefore needed to be displayed.

## 6. Next Steps

This inspection has resulted in the need for the dental practice to complete an improvement plan in respect of Delivery of Health and Care Standards and Management and Leadership. The details of this can be seen within Appendix A of this report.

The improvement plan should clearly state when and how the findings identified at the Connah's Quay Dental Practice Ltd will be addressed, including timescales.

The improvement plan, once agreed, will be published on HIW's website and will be evaluated as part of the ongoing dental inspection process.

*Appendix A*

**General Dental Practice: Improvement Plan**

**Practice: Connah's Quay Dental Practice Ltd, 107a High Street,  
Connah's Quay, Flintshire, CH5 4DF**

**Date of Inspection: 03 June 2015**

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	<b>Patient Experience</b>			
	N/A			
	<b>Delivery of Health and Care Standards</b>			
10	<b>HIW is to be kept informed of the plans and timescale to create a new decontamination room, or if this proves unfeasible, the actions taken towards meeting WHTM 01-05 guidelines, to improve the decontamination process in</b>	Immediate steps have already been implemented to ensure we comply as far as possible in each surgery with WHTM 01-05 guidelines.  After consideration and discussion, due to age and layout of building, it has been decided that	Andria Walton	Completed

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	<p><b>each surgery room.</b> [Health and Care Standard 2.4]</p>	<p>the construction of the room is not feasible. <u>Further Actions:</u> The Practice Manager is to contact HIW to enquire into the possibility of moving the autoclaves out of the surgeries and into the 'OPG' room. The surgeries would thereby be used to complete dirty activities i.e. cleaning and preliminary inspection of instruments. The OPG room would be for clean activities i.e. inspection, sterilisation and bagging.</p> <p>Should the OPG room not be deemed suitable then Perspex screens are to be acquired for the surgeries in order to physically separate clean and dirty zones.</p> <p>New work surface to be erected in the corner of surgery 3 to enable the repositioning of the autoclave.</p>		August 2015-October 2015
<b>Management and Leadership</b>				
12	<p><b>Complaints procedures should be reviewed for consistency and accuracy purposes. In this respect the NHS 'Putting Things Right' arrangements (for NHS</b></p>	<p>Our documentation, whether NHS or Private, will now state that a response will be made within 48 hours, and HIW contact details have already been amended.</p>	Andria Walton	Completed

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	<p>patients) and The Private Dentistry (Wales) Regulations 2008 (for private patients) should be considered. HIW's contact details should be updated.</p> <p>[Health and Care Standard 6.3]</p>			
12	<p><b>We recommended that the practice obtains the necessary recruitment and periodic employment checks for all staff working at the practice, including the practice manager.</b></p> <p>[Health and Care Standard 7.1]</p>	<p>We will continue to obtain disbaring checks for all new members of staff, but having completed a risk assessment we don't deem it necessary at this stage to apply for DBs checks for other existing members of staff, however we will review this when other checks are due for renewal.</p>	Andria Walton	Ongoing
<b>Quality of Environment</b>				
	N/A			

**Practice Representative:**

**Name (print):** Andrew Walton

**Title:** Practice Owner

**Date:** 13/07/2015 (updated response 08 August 2015)